

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2	/					
3	/					
4	4					
5	4					
6	4					
7	4					
8	4					
9	4					
10	4					
11	4					
12	2					
13	2					
14	2					
15	2					
16	2					
17	30					
18	11					
19	13					
20	11					
21	19					
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30	15					
31	15					
32	15					
33	15					
34	15					
35	15					
36	15					
37	15					
38	15					
39	15					
40	1					
41	1					
42	1					
43	91					
44						
45						
46						
47						
48	1					
49	1					
50	L					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		30				
52		2				
53		90				
54						
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97						
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99						
100						
TOTAL IND.	6					
TOTAL DEP.	73					
TOTAL CLAIMS	79					